

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37713

1. PLACE OF DEATH

County St. LouisTownship 1st EdwardCity Jennings(No. 774)Registration District No. 774Primary Registration District No. 6030

Elms Convalescent Home

File No.

Registered No.

St.

Ward)

2. FULL NAME Louis P. Whittaker(a) Residence, No. 1916 Cora Ave.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Divorced (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Olivia Whittaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 26, 1846

7. AGE

YEARS

87

MONTHS

1

DAYS

20

IF LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Printer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Retired

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Mo.

FATHER

13. NAME

John Whittaker

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

17. INFORMANT

(ADDRESS)

Louis E. Paul
1916 Cora Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Crematory Nov. 18, 1933

19. UNDERTAKER

(ADDRESS)

Drehmann Paul
1905 Union Blvd.

20. FILED 11-20

1933

Emmett J. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 16, 1933, to Nov. 16, 1933

I last saw him alive on Nov. 15, 1933. Death is said

to have occurred on the date stated above, at 5:25 A. M.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Date of onset

?

Other contributory causes of importance:

Chr. Nephritis
Cystitis

Name of operation

None

Date of

20

What test confirmed diagnosis?

Path.

Was there an autopsy?

20

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Heart & Lungs

(Signed)

57318 W. F. Leonard

M. D.

5738 N. O. Lousant
until 120